



Larry L. Leitch, M.A., M.P.A.  
Health Officer, Carroll County

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Deputy Health Officer

### Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section §S1-202 requires that before any license or permit may be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ a covered employee as defined in Maryland Labor and Employment Code Annotated §S9-105, the employer shall submit to the governmental unit a certificate of compliance with the Maryland Workers' Compensation Act or the number of a worker's compensation insurance policy or binder.

### LICENSE CAN NOT BE ISSUED IF FORM IS INCOMPLETE

Circle the number below which applies to you and provide the requested information:

1. I have workers' compensation insurance:  
  
Insurance Company \_\_\_\_\_  
  
Policy or Binder Number \_\_\_\_\_
2. As provided, I am exempt from having workers' compensation insurance.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)
3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

Complete the information below and return this form to our office with your application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Trade Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

Type of License: (Please Circle)

Food Service

Summer Camp

Pool

\_\_\_\_\_  
City, State, Zip Code